

Appendix Table 3. Reviewed Empirical Evidence in the Academic Literature

Study Authors	Research Aim	Research Methods	Synopsis of Results and Conclusions
Andrews and Caren 2010 ¹	To understand why some social movement organizations are more successful than others at gaining media attention in the US.	Survey data from representative sample of 187 local environmental organizations in North Carolina. Complete news coverage of those organizations in 11 major daily newspapers over 2 years (2,095 articles).	Local news media favor professional and formalized groups that employ routine advocacy tactics, mobilize large numbers of people, and work on issues that overlap with newspapers' focus. Groups that are confrontational, volunteer led, or advocate on behalf of novel issues do not garner as much attention.
Baum et al. 2013 ²	To understand how and why windows of opportunity on the SDH did or did not open during the tenures of the Australian health ministers.	Interviews with 20 former Australian federal, state, and territory health ministers.	<p>The complexity of the SDH are rarely “crystallized” into a clear problem other than concerning high-needs groups.</p> <p>Formulation of policies on SDH is assisted by cross-portfolio structures, policy entrepreneurs, and evidence from reviews and reports. Windows of opportunity are hindered by the complexity of the SDH, the dominance of medical power and biomedical paradigms, and the weakness of policy community advocating on the SDH.</p> <p>The political stream is enabled when the general ideological climate is supportive of redistributive policies, the health sector is not perceived to be in crisis, and there is support for action from the head of government and cabinet colleagues and no opposition from powerful lobby groups.</p>
Chilton et al. 2009 ³	How photographic evidence and testimonials can be used as part of an advocacy project on poverty and hunger in the US.	Recruitment of young women. Interview with women on child and maternal health and involvement in welfare programs. Camera training session for women, followed by women taking photos. Follow-up semistructured and video-recorded	Photos, narratives, and testimonials provide a powerful means of demonstrating the living conditions of the young mothers and for redirecting policy discussion. Such materials can be used to explain living conditions within a human rights framework.

		interview that used women's photographs as a guide. Exhibition of the materials and testimonies by women during Senate Democratic Steering and Outreach Committee.	
Clarke, Niederdeppe, and Lundell 2012 ⁴	To understand how narrative and image-based information help raise public awareness and mobilize support for policies that address the SDH in the US.	Analysis of 58 narratives and 135 visual images disseminated by 2 national SDH awareness initiatives.	<p>Images, especially graphs and charts, can link the SDH, health outcomes, and other variables.</p> <p>There are several opportunities and challenges for using narratives to communicate about SDH and health disparities. Narratives can have protagonists and plots. There are advantages and disadvantages of emphasizing generalized versus specific health issues. Narratives can also frame SDH as "villains" but should avoid blaming the victim.</p>
Commers, Visser, and De Leeuw 2000 ⁵	To understand whether the factors that the Dutch press portrays as determinative for health are congruent with the central tents of health promotion.	Content analysis of 600 randomly selected health-related articles appearing in five of the largest-circulation Dutch newspapers. Coding of articles for 7 content variables (story type, determinant theme, authority, means and agent, breadth of population, mediating population attributes) and for text and graphic area.	Representations of the determinants of health in the Dutch press are largely incompatible with the etiological assumptions of health promotion.
Corrigan et al. 2005 ⁶	To examine trends in US news media on reporting topics of mental illness, so as to ascertain when structural stigma and discrimination occur.	Identify and code 3,353 relevant news stories in large US newspapers. Coding by 4 categories: dangerousness, blame, treatment and recovery, and advocacy action.	Thirty-nine percent of all stories focused on dangerousness and usually featured on the front pages. Few stories promulgated the idea that the person or the family was responsible (2%). Stories about genetic, biological, or environmental causation were more common (15%). Four percent of all treatment-related stories addressed recovery. Twenty percent of stories contained themes that fell into the broad category of advocacy action. These looked at shortage of resources, the need for better care, the absence of

			good-quality housing, and health insurance.
Harpham and Tuan 2006 ⁷	To analyze the use of evidence in policies for mental health in Vietnam.	Summary of available evidence on burden of mental illness in Vietnam. Attempts to influence policymakers. Interviews with key stakeholders.	Evidence on burden of mental ill health in Vietnam is patchy and undeveloped. Policy process was influenced by evidence from research because key links between organizations and policymakers were established at an early stage, the evidence was regarded as rigorous, and the timing was opportune.
Havel 1992 ⁸	To examine the actions of mental health associations and public interest groups operating at the federal level in the USA.	Questionnaire sent to national mental health organizations and public interest groups. Mapping of organizations to mental health issue area and organizations to priority issues. Analysis of lobbying styles (eg, maintaining strong presence on Capitol Hill, grassroots advocacy action).	Voluntary associations have unique and legitimate perspectives. Public education is an important adjunct of direct advocacy. Some groups may emerge and others disappear; thus, established groups will face internal struggles to maintain aggressive advocacy agendas while preserving past gains in which they are vested. This will, in turn, open up space for younger organizations.
Kim et al. 2010 ⁹	To examine how causes of and solutions to racial/ethnic health disparities are covered and framed in US newspapers.	Identification of 3,823 articles published from 1996 to 2005 in 40 US newspapers. Coding of articles for diseases, racial/ethnic groups, causes and solutions (eg, genetic, behavioral, health care, societal responsibility) and whether a social-justice rationale for eliminating racial/ethnic health disparities was invoked.	Coverage peaked in 1998 and declined afterward. Disparities in HIV/AIDS, cardiovascular disease, and cancer generated the most coverage. Most articles focused on African Americans. Only 30% of articles provided causal explanations; advocacy groups provided the most solutions. For both causes and solutions, behavioral explanations dominated the discourse, followed by societal, health care, and genetic explanations. Only 4% of articles invoked a social justice rationale.
Lomas and Brown 2009 ¹⁰	To study whether the principles and tools for bringing research into the clinical world apply to civil servants offering advice to politicians. To identify the approaches,	Review of evidence-based medicine and models of research use in policy. Interviews with civil servants at the Ontario Ministry of Health, which adopted “a stewardship rather than an operational role” incorporating many evidence-oriented strategies.	The clinical context and tools for evidence-based medicine can rarely be generalized to policy. Most current models of research use offer lessons to researchers wishing to apply their work to policy, but little help for civil servants wishing to become more evidence oriented. There are functional roles for research in setting agendas,

	an evidence-oriented health policy organization can be used.		developing new policies, and monitoring or modifying existing policies. Each requires different tools to help filter research evidence and set agendas, to facilitate the use of research by civil servants developing new policy, and to support linkage and exchange between civil servants and researchers.
Mackenbach, Meerding, and Kunst 2011 ¹¹	To explore the economic costs of socioeconomic inequalities in health in the European Union.	Calculate health losses due to socioeconomic inequalities in health using data on self-assessed health and mortality. Calculate various economic effects of those health losses: health care costs, costs of social security schemes, losses to GDP through reduced labor productivity, and the monetary value of total losses in welfare.	Economic costs of socioeconomic inequalities in health in the EU are substantial: 700,000 deaths per year and 33 million prevalent cases of ill health. These costs account for 20% of the total cost of health care and 15% of the total cost of social security benefits. Inequality-related losses to health reduce labor productivity and take 1.4% off GDP each year. The monetary value of health inequality related welfare losses is estimated to be €980 billion per year, or 9.4% of GDP.
Macnaughton, Nelson, and Goering 2013 ¹²	To illustrate the process by which motivation to address homelessness was leveraged into a pan-Canadian project.	Qualitative case study employing grounded theory and drawing on archival documents and interviews with 19 key informants involved in the conception of the project.	Policymaking does not follow a rational, linear process of knowledge translation/exchange, in which evidence-based “products” are brought forward to address objectively determined needs and then “placed into decision-making events.” Instead, evidence-based policy making should be understood as being a result of “policy entrepreneurship,” which entails taking advantage of windows of opportunity and helping bring together the “streams” of problems, politics, and policy ideas.
Nathan, Rotem, and Ritchie 2002 ¹³	To examine the role of civil society groups in advocating for health equity and the capacities and conditions related to their success in Australia.	Qualitative case study, involving in-depth unstructured interviews with 26 NGOs active in 3 important health policy debates. Use of grounded theory to direct data collection of analysis, and member checking to ensure soundness and build ownership of findings.	Effective advocacy is a dynamic process characterized by flexibility and opportunism within a framework of longer-term goals. Two main ways of working: in partnership and in conflict with government. A number of domains for capacity were identified: being able to identify key issues and desired outcomes, having credibility (being independent, fair, and representative; having no vested interests), leadership, networking and relationship-building,

			information management, communication, demand management, resources, and ability to critically reflect. NGOs can learn a great deal from one another, but there needs to be investment by governments, international agencies and NGOs themselves if advocacy for health equity is to be strengthened.
Nelson 1994 ¹⁴	To describe the origins, goals, tactics, and outcomes of a coalition advocating for housing and community support programs for psychiatric consumers/survivors in the US.	Collection of newspaper articles for a 6-year period of coalition's operation. Analysis and coding of minutes of meetings.	The coalition succeeded in playing a role in obtaining increased funding for housing and community support programs. A variety of tactics were undertaken: letter writing, meetings with politicians, and presentations, though it was not possible to tell which of these was most effective. The coalition was aided by preexistence of an organizational support base. This support base assisted in recruiting coalition members. Context (in changes to political climate) was important to obtaining more funding.
Nutbeam and Boxall 2008 ¹⁵	To explore the role of evidence in the public health policymaking process and to show how the ways in which public health problems are defined and measured influence policy outcomes.	Analysis of Blair Labour UK government and Howard Coalition Australian governments' responses to health inequalities.	Long-established political traditions were important to both sets of policy responses. Researchers can maximize the influence of research evidence on the policy process by engaging in the policymaking process, presenting research in ways that fit with the political context of the day, and, when necessary, using research evidence in public health advocacy in order to influence political priorities more directly.
Orton et al. 2011 ¹⁶	To explore the experiences of decision makers involved in policies to reduce health inequalities in the UK.	Taking cardiovascular disease as a case study, in-depth qualitative study employing 40 semistructured interviews and 3 focus group discussions.	<p>Short-term and outcome-led culture of the UK National Health Service combined with public demand for acute medical services often led to investment in "downstream" rather than "upstream" public health interventions. Despite public health decision makers wishing to redress this balance, they felt constrained by difficulties in partnership working and the overriding influence of other stakeholders in the decision-making processes.</p> <p>Researchers have a vital role to play in providing the complex evidence required to compare different models of prevention and</p>

			service delivery. Those working in public health must develop leadership to raise the profile of health inequalities as an issue that merits attention, resources, and workforce capacity. They must also advocate for central government to play a key role in shifting social norms.
Pavlish, Ho, and Rounkle 2012 ¹⁷	To explore how nurses can expand beyond individual care and promote a rights-enabling environment.	Ethnography in Rwanda.	By adopting a rights-based approach to advocacy, nurses can contribute to health agendas that include more than just social relationships, equitable access to opportunities, and health-positive living situations for all persons.
Petticrew et al. 2004 ¹⁸	To explore with UK and international policy advisers how research evidence influences public health policymaking and how its relevance and utility could be improved, with specific reference to health inequalities.	Qualitative residential workshop involving senior policy advisers. Four in-depth sessions on focused questions. Responses analyzed thematically to identify key themes.	Much etiological and evaluative research lacks an equity dimension. Much public health research has weak theoretical underpinnings. There is a need for predictive research, evaluations of the effectiveness and cost-effectiveness of policies and other interventions, predictive research, and for the development of methods for assessing the impact on health of clusters of interventions.
Pittman 2006 ¹⁹	To understand the complex relationships between health equity research and health policy.	Six case studies in United States, the United Kingdom, the Netherlands, China, South Africa, and Chile, consisting of stories describing a national experiences involving the use (or non-use) of health equity research to influence policy or practice. Comparison and analysis of a heterogeneous set of papers.	Domestic advocacy, the international standing of researchers, and the existence of internal government champions contribute to governments' interest in research on health equity. Strategies used by researchers to promote their findings included carefully crafting messages and selecting messengers in accordance with their audience's concerns, delaying publication until interactions with policymakers had taken place, and monitoring public opinion. Most findings crossed the developing/developed country divide, though greater attention was paid to professional legitimacy of institutions, individuals, and journals in the north, while in developed countries trusted messengers appeared essential.

Priest et al. 2009 ²⁰	To describe development of “cameo” reports of evidence-based policies and interventions addressing the SDH intended for use by leaders, advocates, and policy and program decision makers to advance global action.	Drafting a cameo template, drafting cameo examples using a predetermined process, consulting with CSDH country representatives, finalizing the cameos, and including them in the final report.	Diverse types of evidence are needed to advance action on the SDH and health inequalities, but high-quality evidence of intervention effectiveness also is needed. Greater consideration of contextual factors, economic and social costs, and impacts. This would help future syntheses of evidence and maximize the translation of findings to policymakers and in developing communication methods that engage with their priorities and perspectives. Creative communication of research evidence to policy makers is important. Evaluation of effectiveness would inform future work.
Roos et al. 2010 ²¹	To describe insights into children’s well-being and social equity obtained from data available in Manitoba, Canada.	Analysis of Manitoba-linked data dating back to 1970 for each provincial resident. Integration of routinely collected data from the Ministries of Health, Education, and Family Services and Consumer Affairs with the population registry.	Identifying risk factors and presenting outcomes by social groups and local communities captures the attention of policymakers. Linking an individual’s area of residence to census and health data led to developing measures of population health status and socioeconomic status. Researchers interested in influencing the policy process with their work can (1) pursue opportunities for ongoing dialogue with policymakers, business organizations, and NGOs, so that they understand, trust, and mutually reinforce results; (2) present local data organized by socioeconomic status to highlight the pervasive influence of socioeconomic status and make the impact of social inequities more difficult to ignore; (3) focus on the educational impact of inequities to develop a broader constituency (including the private sector) for taking action; and (4) reiterate that poor outcomes for disadvantaged people are not inevitable so as to provide a strong rationale for action.
Ross 1992 ²²	To identify success and failure of the Washington advocacy community and the role of coalitions.	Questionnaire sent to selective sample of US congressional staff.	Coalitions maximize the number of organizations and people involved in an issue, avoiding situations in which similar agencies take contradictory approaches. Coalitions are asked to provide testimony at public hearings and to analyze pending legislation. They can promote coordinated grassroots activity,

			allowing collective strengths to overcome individual weaknesses. Coalitions can work cooperatively or antagonistically with government.
Shankardass et al. 2012 ²³	To investigate public awareness of income-related health inequalities in a generally representative sample of Ontarians.	Data collected from 2006 Ontario adults using a telephone survey. Survey asked participants to agree or disagree with various statements about income and health inequalities. Multistage process using binary logistic regression.	This was the first province-wide study in Canada. The vast majority of respondents agreed that not all people are equally healthy, but only just over half were aware of health inequalities between rich and poor. Awareness of income-related inequalities for specific outcomes was much lower. Results suggest greater public awareness may be required to move the health equity agenda forward.
Shiffman and Smith 2007 ²⁴	To examine why some global health initiatives receive priority from international and national political leaders, whereas others receive little.	Development of framework of 4 categories (actors involved, power of ideas used, nature of political context, characteristics of the issue itself). Application of framework to a global initiative to reduce maternal mortality launched in 1987. Archival research. Interviews with people connected with the initiative using process-tracing methods.	The safe motherhood initiative has faced problems across all 4 areas of the framework. To generate political priority, advocates need to address several challenges. These include supporting the policy community on maternal health to speak with authority and unity to international and national political leaders, creating enduring guiding institutions to lead initiatives, finding external frames that resonate and convince political leaders, and building stronger links with national initiatives and CSOs.
Smith 2010 ²⁵	To explore the relationship between health inequalities research and policy in Scotland and England between 1997 and 2007.	Analysis of 42 policy statements. Interviews with 61 senior academic researchers, civil servants, ministers, journalists, and research funders involved in the interplay between health and health inequalities research.	The growing pressure to produce “policy-relevant” research diminishes the capacity of academia to provide a space in which innovative and transformative ideas can be developed and instead promotes construction of institutionalized and vehicular ideas. More attention should be paid to how the process of seeking research funding shapes academic research and mediates the interplay between research and policy.
Twill and Fisher 2010; ²⁶	To understand poverty through the lens of human rights violations in a small community in southwestern Ohio, USA.	Enlist individuals in receipt of social security by telephone. Educate 20 women and children about the Universal Declaration of Human Rights. Forty-five-minute interview	The women described situations in which work hours were not adequate, bills became problematic, and the cycle of poverty contributed to further economic human rights violations. Five women also discussed their hardships related to Article 23 and the inability to find adequate employment. The highest number

		focused on questions concerning relevant human rights articles and discussion of the worst violations experienced. Quantitative and qualitative analysis.	of violations related to health care. When asked to discuss the worst violation, 5 women cited homelessness. Social workers can advocate for changes in legislation, such as raising the minimum wage, offering more generous family leave, supporting pensions, and providing some form of universal health care.
Usdin, Christofides, Malepe, and Maker 2000 ²⁷	To describe an advocacy campaign in South Africa in 1998 concerning the implementation of a new Domestic Violence Act.	Description of the particularities of the campaign including the South African context, legislative history, main protagonists in the development of the campaign, media outreach and use of media and television, and obstacles to the involvement of NGOs.	The campaign stressed the importance of coalition building to draw on diverse organizational strengths, and the use of a combination of advocacy tools including lobbying, media advocacy and social mobilization. The study highlighted the important role of policy advocates in connecting multiple streams in the policy and legislative arena, and ensuring the views of civil society were taken into account.
Whitehead et al. 2004 ²⁸	To investigate UK research leaders' perceptions and experiences of the types of evidence that influence policy on health inequalities, and their reflections on how the flow of such research evidence could be increased.	Qualitative 2-day residential workshop with senior research leaders. Four in-depth sessions focused on questions. Thematic analysis.	Five types of evidence were particularly persuasive to policymakers: observational evidence showing the existence of a problem, narrative accounts of the impacts of policies from the household perspective, controlled evaluations, natural policy experiments, and historical evidence. There is a striking congruence between the view of researchers in this study and that of policy advisers in Petticrew et al. 2004. ¹⁸ The findings suggest significant potential for rapid progress to be made in developing evidence-based policy and policy-relevant evidence to tackle inequalities in health.

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